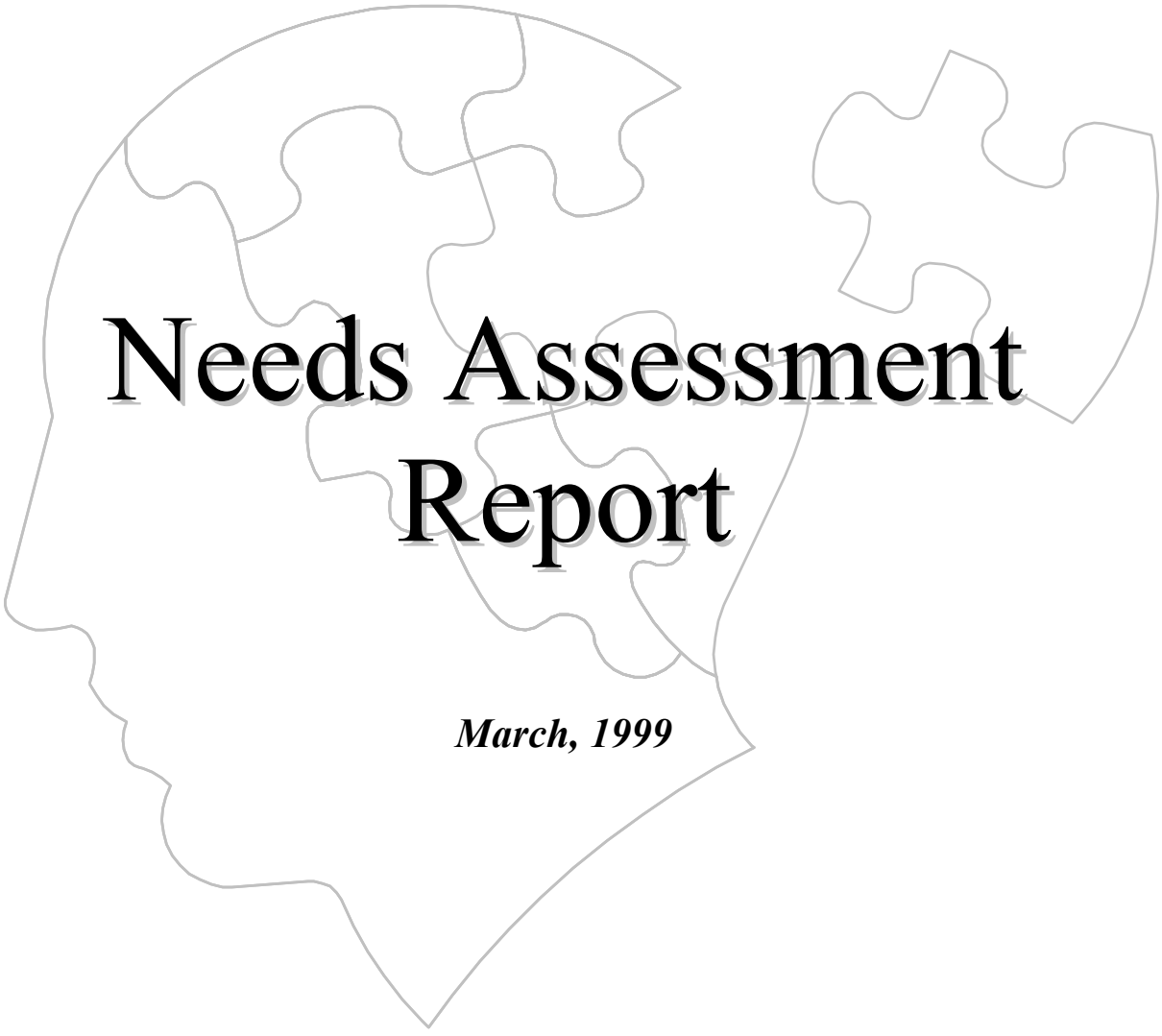
The Texas Traumatic Brain Injury Advisory Council Presents



Needs Assessment Report

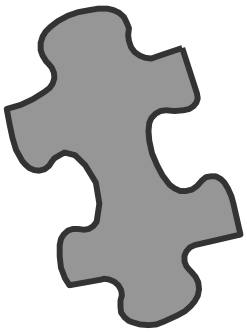
March, 1999

Supported in part by:

HRSA/Maternal and Child Health Bureau,
State Traumatic Brain Injury Grants

Additional support by:

Texas Council for Developmental Disabilities;
Health and Human Services Commission; and
Texas Department of Health



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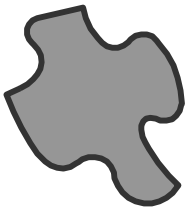

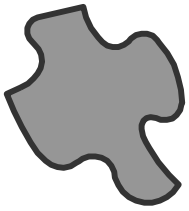

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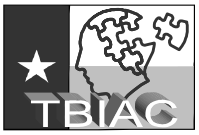

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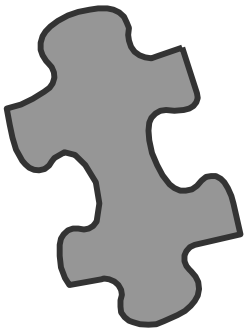
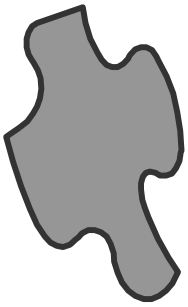
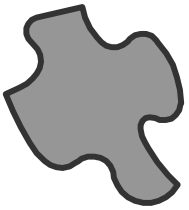
NEEDS ASSESSMENT



Results of the Statewide Needs Assessment Surveys





Results of the Statewide Traumatic Brain Injury Needs Assessment Surveys From the Spring, 1998

METHOD OF DISTRIBUTION -

In the Spring of 1998, The Texas Traumatic Brain Injury Advisory Board[1] distributed more than a 1,000 Needs Assessment Surveys throughout Texas. They were by the following methods:

- Brain Injury Association of Texas (BIA of Texas) Chapter and support group meetings,
- Board member distribution,
- 9 statewide public meetings and
- Individual requests for surveys.

In an effort to gain information from multiple perspectives, four types of surveys were utilized with two of them translated into Spanish. Surveys were designed for:

- Individuals with traumatic brain injury (English and Spanish[2]),
- Families of persons with traumatic brain injury (English and Spanish),
- Providers of services to persons with traumatic brain injury and
- Publicly funded agencies and programs.

SURVEY COLLECTION AND DATA ANALYSIS

Survey Collection

Two hundred and fifty-three (253) surveys from individuals and families were returned, 100 from providers of services and 14 from publicly funded agencies. Forty-five (45) of the individual and family surveys were disallowed as they were either duplicates[3] or the mechanism of injury was not a traumatically acquired brain injury[4] as defined by the federal definition, PL 104-166[5]. Of these, 64% were mailed in and 36% were completed at the statewide public meetings[6].

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[1] The "Texas Traumatic Brain Injury Advisory Board" was re-named the "Texas Traumatic Brain Injury Advisory Council" by the Health and Human Services Commission in 1999.

[2] The Spanish language surveys were available at the public meetings; however, none were submitted for inclusion in the data gathering.

[3] Three were of the duplicates were traumatically acquired brain injury but the majority of duplicates were from individuals or family members with non-traumatically acquired brain injury.

[4] Stroke- 8, Illness - 20, Other -17

[5] Traumatic Brain Injury means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning.

[6] There was no identification on the surveys to indicate whether the respondent had attended a public meeting and then mailed in the survey.

Data Analysis

The data were reviewed and analyzed by members of the Board, the Board Coordinator and the Texas Department of Health, Bureau of Epidemiology.

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BASIC DESCRIPTIONS OF THE RESPONDENTS

Fifty-two percent (52%) of the surveys specified gender as male. Thirty-three percent (33%) were from females and 15% had no gender[7] specified. Of the 208 surveys used for this report, 124 or 60% were from individuals who are living with brain injury and 84 or 40% were from family members. Of the family responses, 55% percent were from parents, 24% from spouses, 18% from the child of a person with a brain injury, and 3% from siblings.

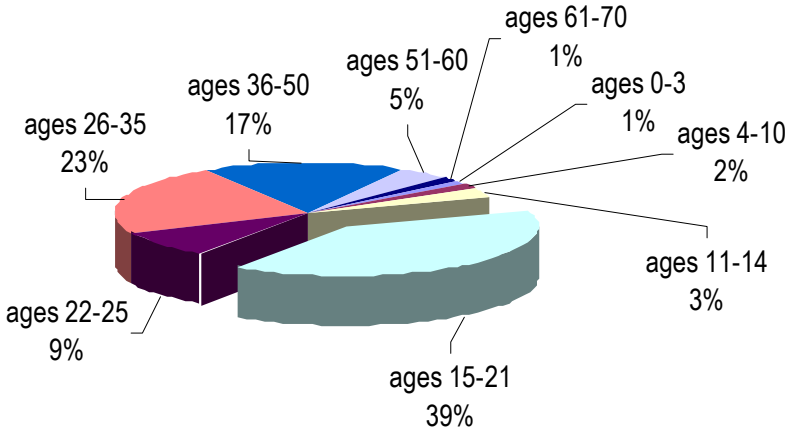
The surveys represent 96 cities, towns, or villages and 24% of Texas' 254 counties.

Age Of Respondents

In reviewing the results of the 208 needs assessment surveys from individuals and families, the following table illustrates the numbers of individuals in each specific age category at time of injury and percentages of the total.

Ages	0-3	4-10	11-14	**15-21**	22-25	26-35	36-50	51-60	61-70	70+
%	1	2	3	**39**	9	23	17	5	1	0
#'s	2	4	6	**83**	18	48	34	9	2	0

Ages and Percentage of each range at time of injury



[7] The first distribution of surveys had no category to specify gender; it was used as the first piloting of the survey and is included as it is representative of the geographical area of the state in which a public meeting was not held.

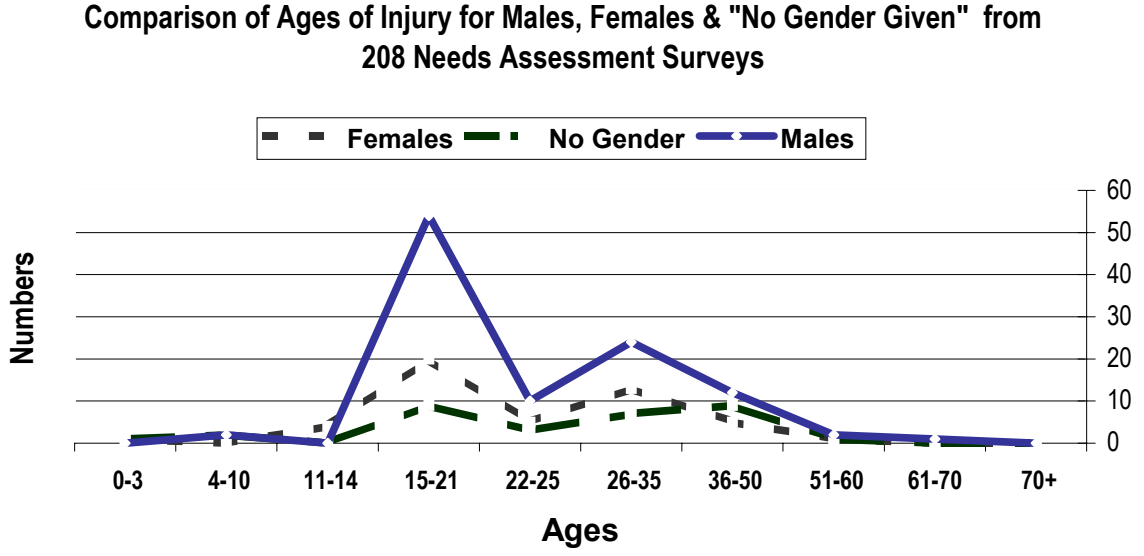
The following three tables represent the breakdown of ages and gender for each age category. The results of the Texas Traumatic Brain Injury Advisory Board Needs Assessment Surveys follow the trend from the national findings of those at greatest risk for sustaining a traumatic brain injury. **The group, which indicated the injury occurred between 15-25 years of age, represents almost half of all the surveys. Thirty-eight percent (38%) of persons injured were between 15-20 yrs of age, prime school age years.**

Information from the Centers for Disease Control and Prevention, the US Government Accounting Office Report, Report to Congressional Requesters, on Traumatic Brain Injury, February 1998, the National Institutes of Health Consensus Conference, November 1998 and the Brain Injury Association, Inc., all agree, **the 15-25 year-old male is at greatest risk for sustaining a traumatic brain injury.**

Correlations of Ages at Time of Injury, Ages at Time of Surveys and Years Post Injury

The following charts developed from the surveys are gender specific. Males between ages 15-21 were injured up to 1 ½ times more than females in the same age category.

The total of the age categories 21-50, including those responses with no gender specified is 107 or 51% of all the surveys. This number is greater than the total of the 15-20 age groups. The median age for this group is 23 and the mean is 27.

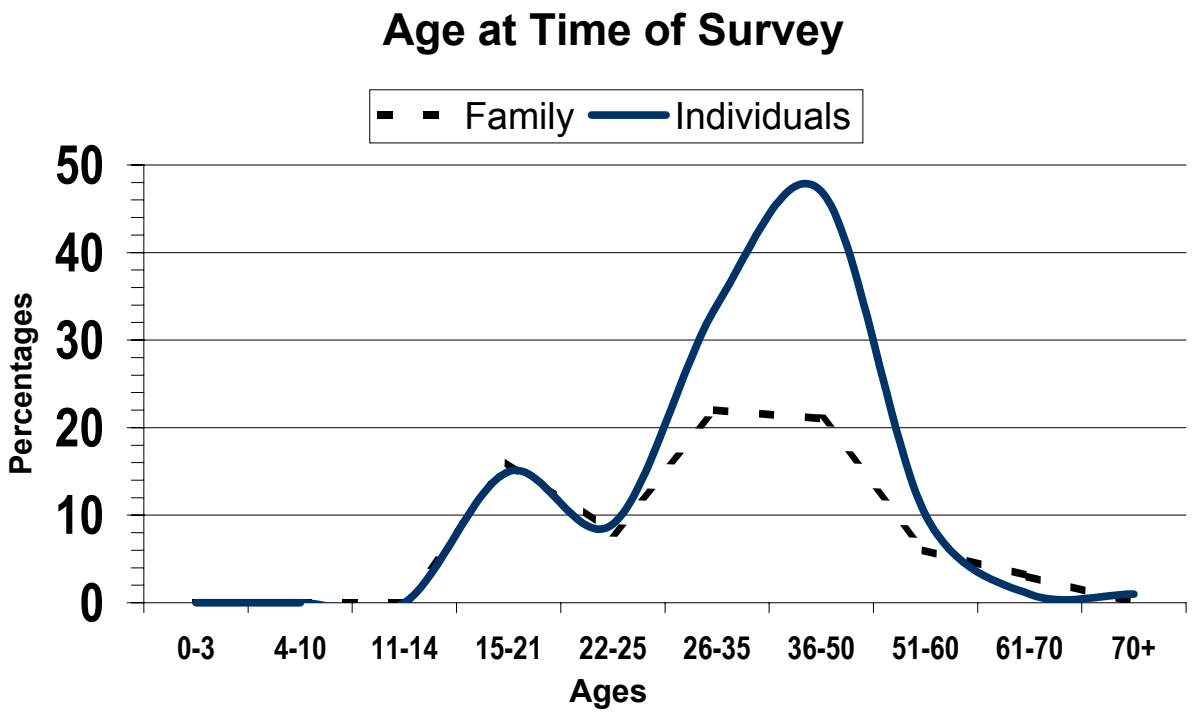


People in these age groups are generally in the process:

- **of completing formal education,**
- **establishing careers and**
- **building families.**

The results of this survey indicate over half of the respondents sustained a traumatic brain injury when they were over the age of eligibility for the majority of the state's health and human service programs.

Sixteen percent (16%) of respondents, either an individual with a brain injury or a family member of a person with a brain injury, are currently between ages 15-21,

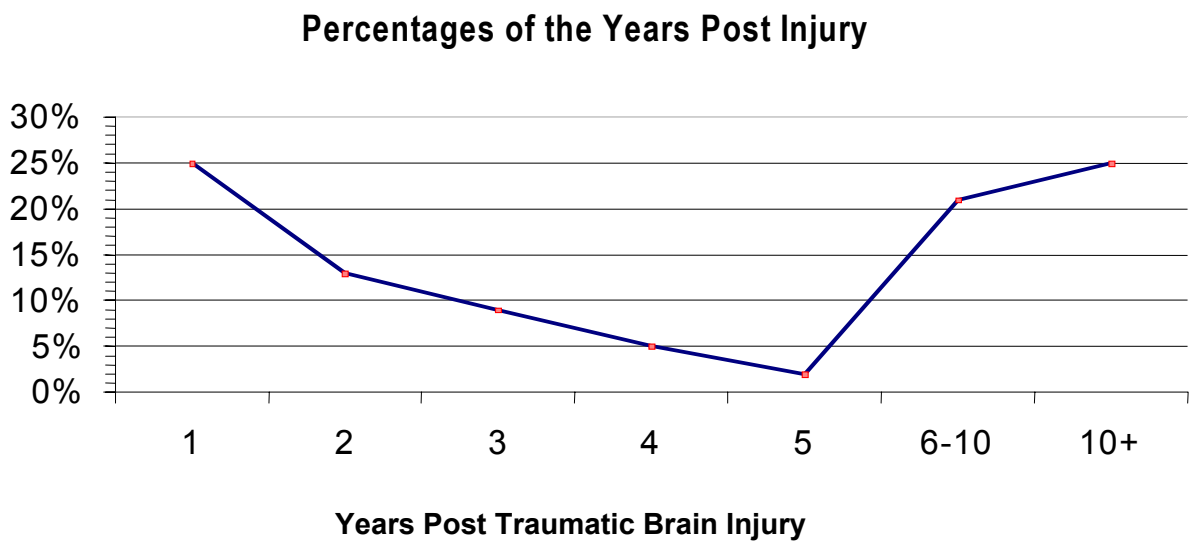


key educational years. Seventy-two percent (72%) of all respondents are between ages 22-50, key years for completing education, starting and maintaining a family and peak career development years.

Total of all responses in each age category

Ages	0-14	15-21	22-25	26-35	36-50	51-60	61-70	70+
%	0	16%	9%	30%	35%	8%	.05 %	1.5%
#s	0	33	19	60	71	16	1	4

The median of "current age or age at time of survey" is 32. The mean age is 35.



The results of "Years Post Injury" indicate the median years post-injury at the time of the survey is four (4) years, (mean 7.4 years). Twenty-five percent (25%) of the respondents are 10 years or more post-injury and the median years for this group of people is 17 years.

Thirty-two percent (32%) of the respondents whose brain injury occurred 10 years or more ago reported they still need services.

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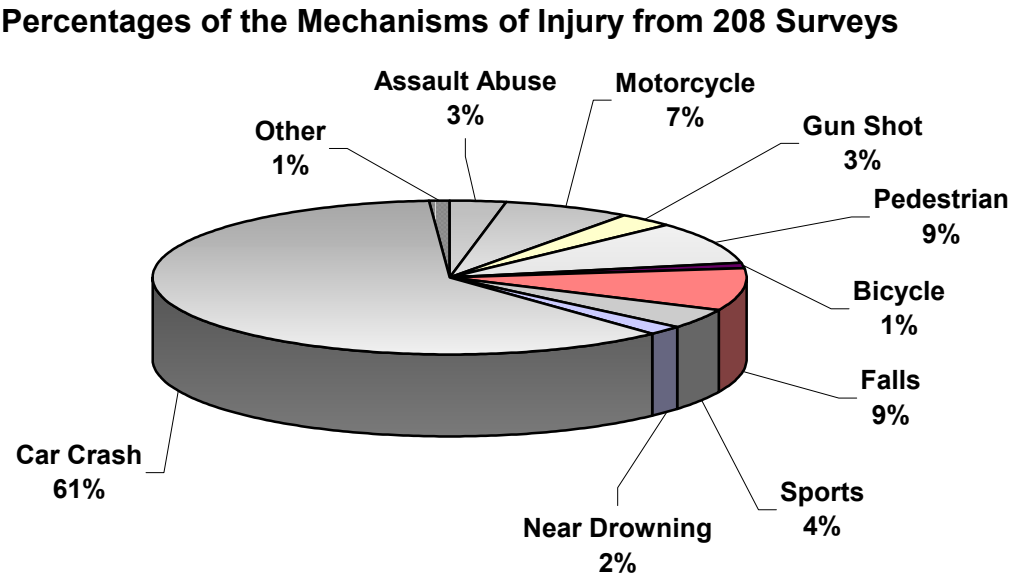
Injury Specifics



National statistics indicate over 50% of all traumatic brain injuries occur as a result of motor vehicle accidents. The results of the survey sample indicate a higher percentage sustained a traumatic brain injury as a result of a motor vehicle accident (MVA) than the national average for MVA's. There were an equal number of reports (18) indicating either a fall or a motor vehicle/pedestrian accident. Falls are the second most frequent cause of brain injury according to the Brain Injury Association, Inc. and the Centers for Disease Control and Prevention.

From the 208 Surveys, the Dates of Injury sorted by decades:

Date of Injury from earliest reported date to most recent:	Reports
1930's	1
1950's	1
1960's	4
1970's	20
1980's	46
1990's	136

Even though the surveys indicate a large response from persons whose injury is less than 10 years post, this does not presuppose there is a rise in the occurrence of traumatic brain injury in the 1990's. These numbers only reflect a greater number of respondents in this sample whose injury or the family member's injury occurred during the 1990's.

Access To Services

Respondents were asked if they had received services for the traumatic brain injury. Ninety-three per cent (93%) of the respondents indicated they had received services. The questions for the respondents who had indicated they received services related to:

- acute hospitalization,
- in patient rehabilitation,
- out-patient rehabilitation,
- non-hospital residential and
- nursing home.

These responses cannot be measured in terms of type of medical or rehabilitative care received or how much time may have elapsed between services. It is only an affirmative response to the receipt of services and the Length of Stay (LOS).

Children - O-12 years of age at time of injury - 9 surveys or 4% of all respondents

Children 0-12 years of age	No LOS[8]	1 day	2 days +	Median Stay of 2+ days
Acute Hospitalization[9]	11%	0%	88%	42 days
In-Patient Rehabilitation[10]	55%	11%	33%	42 days
Out-Patient Rehabilitation	88%	11%	O%	1 day
Non-hospital out-patient	88%	11%	0%	1 day
Non-hospital residential	44%	11%	44%	10 years
Nursing Home	78%	0%	22%	5 years

[8] Length of Stay

[9] The individual may have received emergency department services in an acute care setting and discharged.

[10] One day of rehabilitation is reported as it was marked on the surveys, however one day of rehabilitation will not allow the person to be evaluated nor properly admitted. At one day LOS, no services are provided.

Adolescents - 13-19 years of age at time of injury - 77 surveys or 37% of all respondents

Adolescents 13-19 years of age	No LOS	1 day	2 days +	Median Stay of 2 + days
Acute Hospitalization	20%	15%	65%	30 days
In-Patient Rehabilitation	20%	17%	63%	1 month
Out-Patient Rehabilitation	40%	15%	45%	5 months
Non-hospital out-patient	75%	3%	22%	1 year
Non-hospital residential	72%	3%	25%	1 year
Nursing Home	92%	1%	7%	4 months

Adults - 20-80 years of age at time of injury - 124 surveys or 59% of all respondents

Adults 20-80 years of age	No LOS	1 day+	2 days +	Median Stay of 2+ days
Acute Hospitalization	34%	9%	57%	30 days
In-Patient Rehabilitation	35%	13%	52%	1 month
Out-Patient Rehabilitation	48%	11%	41%	3 months
Non-hospital out-patient	82%	4%	14%	3 months
Non-hospital residential	93%	2%	5%	6 months
Nursing Home	90%	2%	8%	1 year

NEED FOR INFORMATION

Information about traumatic brain injury, resources and services -

Respondents were asked if they had received information about brain injury as well as resources and services when they were needed. Sixty (60%) percent of the individuals with traumatic brain injury indicated they did not receive information about the brain injury and 55% stated they did not receive information about supports and services. Thirty-six percent (36%) percent of the families stated they did not receive information about the brain injury and 52% reported they did not receive information about resources for their family member.

Case Management and Need for Personal Advocate

Fifty-eight percent (58%) of the respondents indicated they do not have a case manager nor a care coordinator. The surveys showed 38% each, individuals and families, expressing a current need for case management services. Thirty-six percent (36%) of the families and 16% of the individuals[11] indicated a need for a personal advocate.[12]

Sixteen percent (16%) of the respondents listed the type of case management services currently being received.

- 1% reported case management services were provided by TDMHMR,[13]
- 2% provided by TRC,[14]
- 2% provided by waiver case managers and
- **the remaining 95% were receiving case management by a family member, friend or service provider, none whose role or training is case management or care coordination.**

Insurance case management was not listed by any of the respondents.

[11] With a traumatic brain injury

[12] It should be noted: inherent to a case manager's role and responsibilities is the function of client advocacy. However, the surveys did not distinguish differences nor similarities between a case manager or a personal advocate. Therefore, there is an assumption the need may be higher than 38%.

[13] Texas Department of Mental Health/Mental Retardation

[14] Texas Rehabilitation Commission

RESPONSES FROM SERVICE PROVIDERS[15] -

Service providers were asked to identify their referral sources in an effort to gain an idea of how persons with brain injury move from one service to another. Of the 100 surveys received from service providers the following are their responses to the question, "What are the referral sources?"

- 13% reported they received their referrals from case managers,
- 19% from insurance companies,
- 22% from individuals in need of services and
- 46% did not respond to the question on the survey.

Additionally, the providers were asked where they saw gaps in services:

- 14% percent said there was a gap in client advocacy
- 26% reported a gap in traumatic brain injury knowledge,
- 7% indicated they provided family education, training and information,
- 5% provide family education, training and information to families of children[16] and 6% to families of adolescents[17] and adults[18].

[15] The remaining data received from Service Providers follows the Individual and Family response section.

[16] Ages 0-12

[17] Ages 13-19

[18] Ages 20-80

EDUCATION AND EMPLOYMENT

Education and employment are two critical areas where persons with brain injury have a great deal of difficulty and frequently need supports and services in order to participate and benefit from school and to obtain and maintain employment.

School

Forty-four percent (44%) of all respondents indicated they were in school or their family member was at the time of the survey. Of these, 58% of the responses were from persons with brain injury and 42% from families.

Currently Attending School

Currently attending school	% of total number (91)	% of Individuals at each grade level	% of Family responses at each grade level	Have received special education services
Elementary	0	0	0	0
Jr. High/Middle School	0	0	0	0
High School	26%	54%	46%	75%
College	34%	77%	23%	29%
Vocational or trade school	5%	100%	0%	40%
Other	4%	100%	0%	75%
Did Not Specify School Type	30%	38%	62%	34%

Thirty-seven percent (37%) or 77 responded to highest grade level pre-injury

Pre-Injury grade level	% of total number (77)[19]	% of Individuals at each grade level	% of Family responses at each grade level	Have received special education services
Elementary	5%	50%	50%	100%
Jr. High/Middle School	12%	66%	33%	66%
High School	53%	60%	40%	40%
College	27%	86%	14%	10%

Twenty-four percent (24%) or 50 responded to highest grade level post-injury

Highest grade level post-injury	% of total number (50)[20]	% of Individuals at each grade level	% of Family responses at each grade level	Have received special education services
Elementary	0%	0%	0%	0%
Jr. High/Middle School	0%	0%	0%	0%
High School	64%	60%	40%	40%
College	30%	74%	26%	33%

Further study needs to be completed to determine at what grade levels special education services were used, how long were they needed and if the person had received special education services prior to the brain injury.

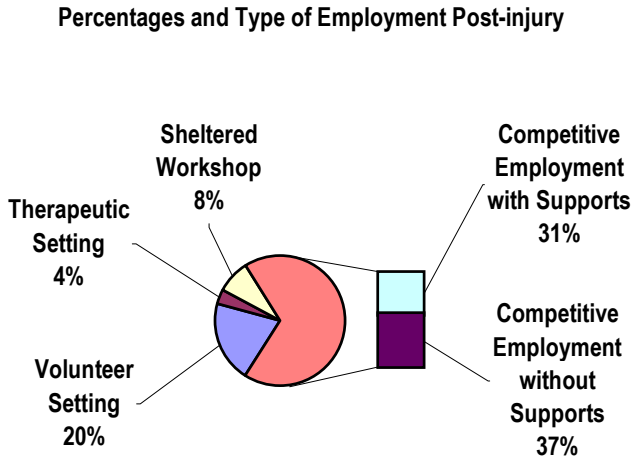
[19] 3% marked "G" which is assumed to indicate graduated

[20] 6% marked highest grade level as G and 2.

Employment

Forty-seven percent (47%) of all respondents indicated working after the traumatic brain injury. The chart at the right identifies the types of employment and percentages of respondents who worked post-injury. Seventy percent (70%) of the respondents were individuals with a brain injury and 30% from families of persons with brain injury.

Thirteen percent (13%) of all the surveys had responses to the "Length of time on their current job," with the median length of time 1 year. Eighteen percent (18%) had the number of hours worked each week with the median at 28 hours a week.



Sixty percent (60%) of the respondents indicated the person with the brain injury has not worked since the brain injury and cited the following reasons. Fifty-four percent (54%) of the respondents were individuals with traumatic brain injury and 46% from families of persons with brain injury.

Reasons for Not Working

Reason for not working	% Total	% Individuals	% Families
Inability to find work	22%	70%	30%
Inability to get along with co-workers, boss	5%	33%	66%
Inability to perform a previous job	25%	71%	29%
Inability to perform any job	33%	61%	39%
Inappropriate behaviors or comments	6%	29%	31%
Other	8%	50%	50%

Fifty-one percent (51%) of the surveys reported: longest length of time for employment since the brain injury occurred.

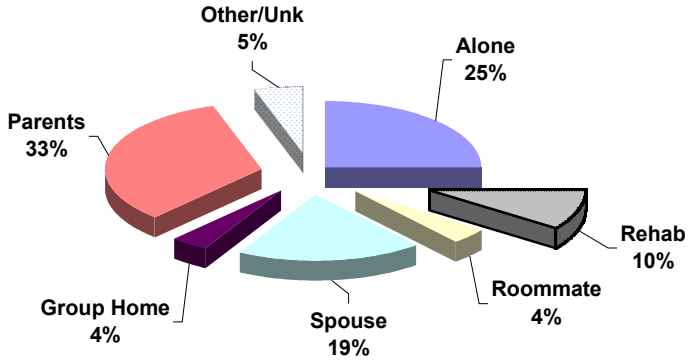
Longest Period of Time for Holding a Job

Longest time a job was held	% Total	% Individuals	% Families	Median years job held
< 1 month	21%	70%	30%	2 yrs.
1-3 months	16%	71%	29%	6 yrs.
3-6 months	8%	44%	56%	3 yrs.
6-9 months	8%	88%	12%	7 yrs.
1 year	10%	55%	45%	9 yrs.
1-3 years	19%	85%	15%	10 yrs.
3-5 years	8%	75%	25%	10 yrs.
5-10 years	10%	30%	70%	14 yrs.
> 10 years	1%	0%	100%	2 yrs.

LIVING ARRANGEMENTS

Respondents were asked about living arrangements for their family member with a brain injury or on their own behalf. **The results of this survey indicated 26% of all the respondents who are 20 or older are living with their parents.**

Living Arrangements at Time of Survey from 208 Respondents



This is significant as frequently after a brain injury, an adult child returns home to live with aging parents. Ten percent (10%) of these responses were from the family of a person with a brain injury and 15% from individuals. Ten percent (10%) of the responses stated the current age of the person with the brain injury was between 13 and 19 years of age.

Living Arrangements at the Time of the Survey for Persons Between 13 and 19 Years of Age

Living Arrangements	% of 6 Individuals	Median age Individuals	% of 15 Families of Individuals	Median age Family
Parents	14%	17	52%	17
Alone	0%	N/A	0%	N/A
Spouse	0%	N/A	0%	N/A
Roommate	0%	N/A	13%	18.5
Group Home	0%	N/A	0%	N/A
Nursing Home	0%	N/A	6%	18
Rehabilitation Facility	50%	18	13%	18

Eighty-six percent (86%)[21] of the surveys were from persons with a brain injury who were 20 years or older at the time of the survey and from families whose family member with a brain injury is 20 or older.

Living Arrangements at the Time of the Survey for Persons over 20 years of Age.

Living Arrangements	% 111 of Individuals	Individuals-Median age	% of 67 Families of Individuals	Family Member-Median age
Parents	26%	27	28%	30
Alone	35%	40	12%	37
Spouse	30%	38	22%	41
Roommate	1%	30	7%	22
Group Home	1%	50	11%	27
Nursing Home	1%	80	6%	32
Rehabilitation Facility	5%	27	11%	24
Other/Unknown	3%	35	3%	48

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Transportation

Forty-eight percent (48%) of persons with a brain injury reported they drive and 24% of the families reported their family member drives. The median age for those who drive is 36 for both individuals and family responses. Twenty-eight percent (28%) of individuals and 49% of families indicated the main means of transportation for the person with the brain injury is riding with family or friends. The median age for individuals who ride with family/friends is 28 and it is 27 from the family responses.

Twelve percent (12%) of families stated a personal attendant is responsible for providing transportation and 6% of individuals reported having a personal attendant.

[21] 4% or 8 surveys did not answer - living arrangements

The median age for individuals requiring a personal attendant is 32 and 33 for family members.

Seven percent (7%) of individuals and families reported transportation is provided by the facility in which the individual is a resident. The median age for individuals is 26 and 39 for family members.

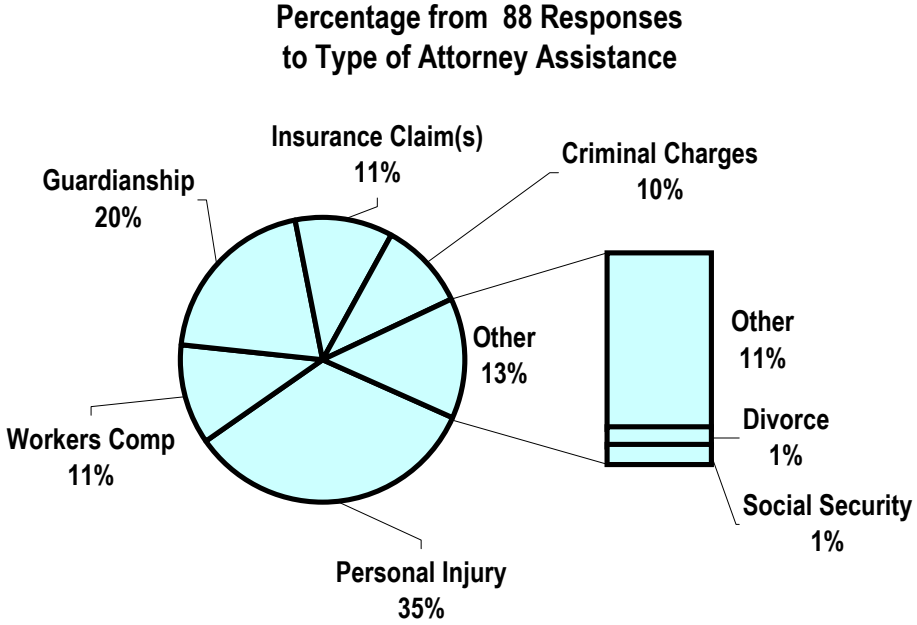
Three percent (3%) of the individuals use public transportation, 2% of family members and individuals use special transit, 1% use a taxi and 3% walk. The median age for this group of people is 28.

Socially Active

Sixty-nine percent (69%) of individuals indicated they are socially active and 61% of families reported their family members are socially active. The median age for individuals is 32 and 30 for those reporting on their family member's behalf.

Legal Issues

Seventeen percent (17%) of all respondents reported they have had legal trouble with 42% requiring an attorney and 10% having spent time in jail. Twenty-one percent (21%) of respondents admitted to using alcohol and 3% have been jailed because of alcohol and drug issues.



Frequently, the family of a person with the brain injury or the individual require the assistance of legal counsel after the injury. The need for legal counsel can range from:

- criminal defense,
- advocacy for benefits such as social security or workers compensation
- representation in a personal injury lawsuit.

Without proper representation, persons with brain injury risk losing benefits which may be due them, may be improperly tried and sentenced or may lose everything which allows them to be self-supporting. More study of individuals' needs for legal counsel must be done as the outcomes of inappropriate or lack of counsel can affect the expenditure of public funding in Texas.

Changes in Life Style

A traumatic brain injury frequently results in significant changes in the individual's life as well as the family's. Employment, living situation, relationships, psychological and medical changes are the domains of life which appear to affect both the individual and the family.

The large numbers reflected in "Changes in marriage" is a critical area as 42% of all the respondents reported the initial injury occurred prior to the 20th birthday. A small percent of these respondents may have been married at the time of the injury, however, the surveys did not ask if the individual was married at the time of the injury.

Individuals with traumatic brain injury reported the injury caused changes in these areas of life:

- 73% - employment
- 60% - psychological changes
- 56% - living situation
- 54% - medical changes
- 40% - education
- 34% - parenting skills
- 29% - marriage

Family Members reported these changes in the life of their family member with a brain injury:

- 71% - psychological changes
- 68% - employment
- 61% - living situation
- 57% - medical changes
- 46% - education
- 32% - marriage
- 31% - parenting

Family members reported changes in their own lives as a result of the brain injury:

- 51% - changes in own living situations
- 50% - own psychological changes
- 49% - own employment
- 49% - parenting skills
- 33% - own marriages
- 23% - medical change
- 19% - own education

Quality of Life (QOL)

There were no responses representing individuals or family members with brain injury under the age of 13 at the time of the survey.

Six (6) responses were received from persons with brain injury and fifteen (15) from family members in the 13-19 age category and from 115 individuals and 68 family members over 19 years of age[22].

Quality of Life Responses

Ages <19	**Poor**	**<Average**	**Average**	**> Average**	**Excellent**
Individual	0%	33%	33%	33%	1%
Family	20%	30%	10%	40%	0%
Family's QOL	10%	20%	30%	40%	0%
Ages >19					
Individual	5%	35%	15%	40%	5%
Family	8%	45%	17%	28%	3%
Family's QOL	3%	25%	25%	44%	3%

❖❖❖❖❖

[22] 4 responses did not indicate age, therefore, are not included.

PROVIDERS OF SERVICES SURVEY RESPONSES

Geographical Locale of Respondents

Central Texas:	16%	East Texas:	5%	Houston area:	24%
The Valley:	8%	West Texas:	20%	Dallas/Ft. Worth:	27%

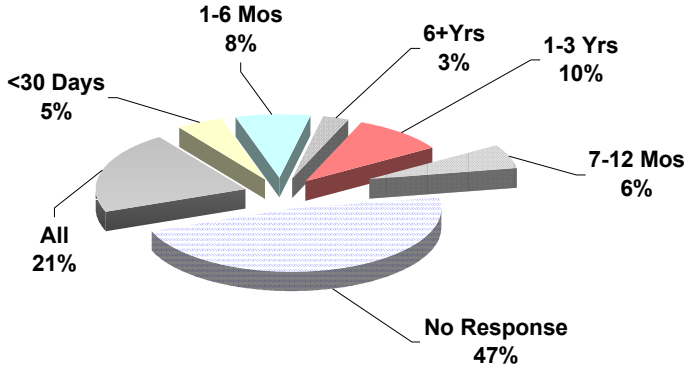
Basic Description of the Respondents

Five percent (5%) of the respondents were individuals in private practice and 95% were service providers from the following: [23]

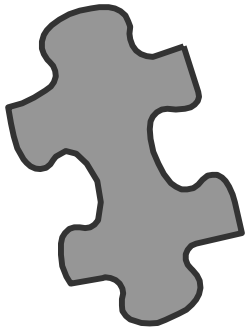
- agencies
- independent living centers
- home health agencies
- rehabilitation facilities
- primary care
- waiver programs
- educational services
- acute care
- MHMR providers
- associations

Twelve percent (12%) of the respondents stated they provide acute medical services, 8% rehabilitation services, 33% long-term community supports, 25% educational services, 21% employment services and 7% financial support for patients or clients. Of these 100 providers, 57% indicated they provide brain injury services while 31% have at least 50% of their staff designated to provide services for persons with traumatic brain injury.

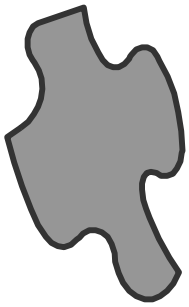
Percentages in Length of Time When Referrals for Services are Received

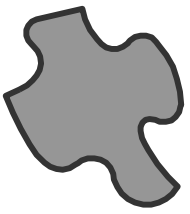


[23] The surveys did not provide a question specifying the primary nature of the provider's purpose or health care focus therefore, the specific breakdown of how many in each category is unavailable.



Results of the Statewide Public Meetings





Results Of The Public Meetings

SITES AND NUMBER OF ATTENDEES AT THE PUBLIC MEETINGS HELD IN MARCH, APRIL AND MAY 1998 -

City	Date	Attendees
Dallas	3/26/98	47
Fort Worth	3/31/98	48
Amarillo	4/28/98	12
Lubbock	4/29/98	40
El Paso	4/30/98	27
Tyler	5/4/98	17
Houston	5/6/98	31
McAllen	5/7/98	15
Austin	5/14/98	24

The public meetings were comprised of individuals with brain injury, family, friends, and professionals from all areas of medical care, state agency personnel, press, radio, TV and interested persons from the communities. At these meetings, the attendees were able to express their concerns, needs and wants as well as tell their stories. The results of the public meetings are added at this point at it underscores the public's concern about the lack of availability and access to services and supports as well as the need for advocacy measures.

All the oral comments were tabulated and 98% of the comments fell into 10 categories with 2% into a miscellaneous category and prioritized by percent of responses for each category.

Seventy-eight percent (78%) raised concerns and questions about the limitations and availability of supports and services with 40% stating a need to educate themselves and the public, which included the medical professionals.

Attendees ranked education and awareness of traumatic brain injury as the second priority with 40% of the participants requesting more education to all sectors of the public and 27% requesting information about brain injury and its uniqueness.

Repeatedly, comments were made that the families and individuals were alone in searching out information and resources. They indicated a case manager or personal advocate is a service that is needed for linking them with information and supports and services.

PRIORITIES AREAS OF NEED FROM THE PUBLIC MEETINGS

Categories of Concerns & Need	% Of responses from total of 240 attendees
1. Availability and limitations of facilities and services	78%
2. Education, public awareness and education and public service efforts	40%
3. Advocacy and central clearinghouse	35%
4. Insurance coverage and funding options	35%
5. Diverse needs and vulnerabilities of brain injury (uniqueness of traumatic brain injury's effects)	27%
6. Research	26%
7. Employment and work issues	18%
8. Education about brain injury for public schools and Vocational training options for persons with brain injury	18%
9. Support and network building	17%
10. Transportation	10%
11. Miscellaneous	3%

In response to the concerns and needs from the public meetings and the needs assessment surveys, the Texas Traumatic Brain Injury Advisory Board has selected the first 5 priority items and collapsed them into 4 Outcome Statements in the Statewide Action Plan. Likewise, they have been utilized in the general recommendations needing to be addressed by the State of Texas.

The information presented in these recommendations

to the State of Texas is driven by

The startling impact that Traumatic Brain Injury:

- Frequently kills or threatens the life and well-being of the individual who sustains the brain injury
- Respects No One - All Texans are at risk for sustaining a traumatic brain injury*.
- Is the number one cause of death and disability of children and young adults.
- Frequently occurs as a result of risk taking or reckless behaviors.
- Is often unrecognized or misunderstood.
- Is frequently undiagnosed or mis-diagnosed thereby leaving the individuals without services and supports.
- Results in many individuals who look "ok" but are unable to function "ok" and may have life long cognitive and behavioral impairments.
- Is frequently trivialized and misrepresented by the media.
- Requires appropriate services and supports ranging from acute medical care to long term community-based services and supports many of which are not readily available in Texas.
- Results in a growing number of Texans with traumatic brain injury whose only service delivery system is a homeless shelter, a prison or a state institution, thereby costing Texas more for their care than it would have had these individuals received the necessary rehabilitation and community based-services.
- Is an injury whose effects rapidly travels beyond the individual and may significantly affect or alter the family and the community as well.
- Has a high price tag in terms of lost tax revenues, productivity and the provision of medical care.
- **Is preventable**

*Anyone engaged in movement …either as an occupant of rider of a moving vehicle be it motorized or powered by human action; a participant in activities which involve motion by foot, by machine or by propulsion; someone either engaging in risk taking behaviors involving speed, motion or physical contact or is the recipient of someone else's inattention , negligence, or violence.

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